

ARKANSAS STATE CRIME LABORATORY

EVIDENCE SUBMISSION FORM

P.O. Box 8500
3 Natural Resources Drive
Little Rock, Arkansas 72215

P.O. Box 868
Hope, Arkansas 71802

* denotes required field



LAB USE						HC USPS UPS FDX FI LA MT					
*Submitting Agency				Agency Case #				ASCL Case #			
Has any evidence been previously submitted on this case? <input type="checkbox"/> Yes <input type="checkbox"/> No				*Date of Offense / /				*Investigating Officer (Last, First)			
City of Offense				County of Offense				*Type of Offense			
*Submitting Agency Information											
Address				City				Zip		Phone	
*Item #	*Evidence Description			LAB USE		Examination Areas					
						<input type="checkbox"/> Digital Evidence <input type="checkbox"/> Drug Analysis <input type="checkbox"/> Firearms / Tool mark <input type="checkbox"/> Forensic Biology / DNA <input type="checkbox"/> Illicit Lab <input type="checkbox"/> Latent Prints / AFIS <input type="checkbox"/> Medical Examiner <input type="checkbox"/> Operation Shutdown <input type="checkbox"/> Questioned Documents <input type="checkbox"/> Toxicology <input type="checkbox"/> Trace Evidence <input type="checkbox"/> Visual Communications					
By signing, I hereby certify all listed firearms are unloaded.				Signature				Date			
Suspect(s) Name (Last, First) SID DOB Race / Sex					Victim(s) Name (Last, First) DOB Race / Sex						
*Type of Analysis Requested:										LAB USE ONLY	
Brief Summary of Crime:											
Submitting Officer											
Signature											